PATENT APPLICATION FEE DETERMINATION RECORD  Effective Oct ber 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				THAN ENTITY
T	OTAL CLAIMS		22					RATE	FEE	7	RATE	FEE
F	OR		NUMBER FILEO		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
T TAL CHARGEABLE CLAIMS			22 minus 20=		. 2			XS 9=		OR	X\$18=	-
INDEPENDENT CLAIMS			4 minus 3 =					X43=		OR	X86=	
MI	ILTIPLE DEPER	NDENT CLAIM P	RESENT					+145=	<del> </del>	OR	+290=	
* If the difference in column 1 is less than zero, enter *0* in column 2						Ĺ	TOTAL	<del> </del>	OR	TOTAL	7704	
CLAMES AS AMENINED . DART II								TOIAL		104	OTHER	
12	2-10 05 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMB PREVIO PAID F	DER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 22	Minus	- 2	a	. —		X\$ 9=		OR	X\$18=	-
	Independent	· 4'	Minus	ل ۱۰۰۰	<u> </u>	- <u>_</u>		X43=		OR	X86=	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	-
							Ł	TOTAL	<del> </del>		TOTAL ADDIT FEE	<del>-</del>
3-31-06 (Column 1) (Column 2) (Column 3)								DDIT. FEE	L	,	ADDIT FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID F	EST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 15	Minus	• တွ	)a	. —	П	xs 9=		OR	X\$18=	<b>—</b>
	Independent	· 🔊	Minus		生	· —		X43=		OR	<b>X8</b> 6≂	-
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>'</b> [	+145=		OR	+290=	
•	D. 9. A	ρ					A	TOTAL DOIT, FEE		OR.	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												.
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 19	Minus	** 4	2			X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	***	Ψ	- Y		X43=		OR	X86≃	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 145=										+290=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
<b>~</b> t	the "Highest Nur	nber Previously Pa nber Previously Pa	id For IN THIS	SPACE IS	iess thar	1 20, enter "20."	AD	TOTAL XXIII. FEE	vooriate box		DOIT. FEE	

Application of Docket Number

FORM PTO-675 (Rev. 10/00)

Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCE